

Salary Reduction Agreement

Lee Mechanical Contractors, Inc. 401(k) Salary Reduction Plan & Trust

661731

Employee Full Name (please print)	Social Security Number
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**Participant
Deferral
Election**

I authorize my employer to deduct the following from my eligible compensation each payroll period for deposit into the Plan.

Deduct _____% of eligible compensation.

(If you are age 50 or older, or will be by the end of the calendar year, and would like to contribute catch-up contributions, please contact your employer.)

I do not wish to contribute to the Plan at this time.

Salary reductions may be stopped **any day of the plan year**. Salary reductions may be increased or decreased **any day of the plan year**.

**Employee
Signature**

I request that my participation in the above-named plan be made according to this direction until I initiate a change. I understand federal law and plan provisions may limit my salary reduction amount. I authorize the Plan Administrator to make adjustments as may be required to conform to plan provisions and applicable law. I understand I have a duty to review my pay records (ex. pay stub) to confirm the Employer properly implemented my salary reduction election. I also understand I have a duty to inform the Plan Administrator if I discover any discrepancy between my pay records and my contribution election and that failure to report any discrepancy may result in a loss of or reduction in my ability to defer.

Employee's Signature _____ Date _____

**Employer
Signature**

As an authorized signer for the Plan, I acknowledge the receipt of this Salary Reduction Agreement.

Employer's Signature _____ Date _____

Note: Changes to your investment election must be made electronically by telephone or internet.

**Employer: Please retain the original.
No copy needed to Alerus Retirement Solutions.**